



Connecticut Department of  
 Energy & Environmental Protection  
 Bureau of Water Protection & Land Reuse  
 Office of Long Island Sound Programs

# Emergency Authorization Application Form

**IMPORTANT** - Please refer to the [instructions](#) (DEEP-OLISP-INST-400) for completing this application form to ensure that all required information is provided. Print or type all information within the form, providing additional pages as necessary. **There is no fee for this application.**

CPPU USE ONLY
App #: _____
Doc #: _____
<b>Program: see below under Part II</b> <b>EI: Emergency Authorization</b>

## Part I: Acknowledgement

“I have read section 22a-363d of the Connecticut General Statutes (“CGS”) and determined that the work proposed herein is for corrective action to address unforeseen and unacceptable hazards to life, health or welfare or significant loss of property which will occur if immediate action as described herein is not undertaken. I acknowledge that this application is being submitted within 15 days of the causative event. I also understand that upon expiration of this emergency authorization, a complete permit application, in accordance with CGS section 22a-361, or a request for a certificate of permission, in accordance with CGS section 22a-363b, for the retention of the work performed under the emergency authorization, shall be submitted within 30 days.”

Please check the box to indicate you agree with this statement and initial here: \_\_\_\_\_

## Part II: Application Type

Identify the type of application you will be submitting upon expiration of the emergency authorization. Check only one.

Certificate of Permission *CGS 22a-363b* [#410]

Structures, Dredging and Fill *CGS sec. 22a-361* [#1624]

Structures, Dredging and Fill, and Tidal Wetlands *CGS sec. 22a-361 & sec. 22a-32* [#418]

## Part III: Applicant Information

- \*If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, applicant’s name shall be stated **exactly** as it is registered with the Secretary of State. This information can be accessed at [CONCORD](#). See 1.a) ii, below.*
- If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.)*

**Part III: Applicant Information (continued)**

**1. Applicant Name:**

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*E-mail:

\*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

a) Applicant Type (check one):

individual       federal agency       state agency       municipality       tribal

\*business entity (\*If a business entity, complete i through iii):

i) check type:  corporation       limited liability company       limited partnership

limited liability partnership       statutory trust       Other: \_\_\_\_\_

ii) provide Secretary of the State business ID #: \_\_\_\_\_ This information can be accessed at *the Secretary of State's database (CONCORD)*. ([www.concord-sots.ct.gov/CONCORD/index.jsp](http://www.concord-sots.ct.gov/CONCORD/index.jsp))

iii)  Check here if you are **NOT** registered with the Secretary of State's office.

b) Applicant's interest in the property at which the proposed activity is to be located:

owner       option holder       lessee       other (specify): \_\_\_\_\_

Check here if there are co-applicants. If so, label and attach additional sheet(s) with the required information as Attachment A.

**2 List Site Owner, if different than applicant:**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

**3. List all engineer(s), surveyor(s) and/or other consultant(s) employed or retained to assist in preparing the application and designing or constructing the activity.  Check here if additional sheets are necessary, and label and attach them as Attachment B.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Service Provided:

## Part IV: Site Information

### 1. SITE NAME AND LOCATION

Name of Site :

Street Address or Location Description:

City/Town:

State:

Zip Code:

Tax Assessor's Reference: Map

Block

Lot

**\*Include a vicinity map as Attachment C.**

### 2. CONSERVATION OR PRESERVATION RESTRICTION: Is the property subject to a conservation or preservation restriction? Yes No

If Yes, proof of written notice of this application to the holder of such restriction or a letter from the holder of such restriction verifying that this application is in compliance with the terms of the restriction, must be included as Attachment D.

### 3. Provide the name of the waterbody at the site of proposed work: \_\_\_\_\_

### 4. Provide the Coastal Jurisdiction Line (CJL) elevation (reference datum: NAVD88) for this project.

CJL = \_\_\_\_\_

### 5. How was the CJL calculated? Please check one of the following:

DEEP-calculated elevation

**Self-calculated elevation** (If a self-calculated elevation is used, please provide the additional information and calculations per the instructions.)

**Mean High Water elevation** (use only if project is upstream of a tide gate, dam or weir)  
(If a MHW elevation is used, provide a discussion of the location of the tide gate, dam or weir.)

If other than a DEEP calculated elevation was used to calculate the CJL, please provide the additional information and calculations per the instructions and label and attach them as Attachment E.

### 6. Provide the elevations of the mean high water and mean low water at the site and the reference datum used. Refer to the instructions regarding elevation datum.

MHW =

MLW =

Datum =

Check here if an orthometric conversion table has been provided when using the NAVD88 datum.

## Part V: Project & Resource Information

### 1. Please provide a brief description of the proposed project:

## Part V: Project & Resource Information

**2. Describe the *existing* structures & site conditions. Provide photographs showing existing conditions as Attachment F.**

**3. Describe the need for the emergency work.**

**4. Explain if/how the proposed work will impact any existing coastal resources located onsite and any mitigation measures to be employed.**

## Part V: Project & Resource Information

5. Are there any erosion/turbidity control devices proposed?  Yes  No

*If yes, please describe.*

Check here if additional sheets are provided, such as plans, and label and attach them as Attachment G.

## Part VI: Supporting Documents

Check the applicable box below for each attachment being submitted with this application form. The specific information required in each attachment is described in the *Instructions for Completing an Emergency Authorization Application for the Office of Long Island Sound Programs (DEEP-OLISP-INST-400)*. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on this application form.

- Attachment A: Co-Applicant Information
- Attachment B: Additional Consultants
- Attachment C: A Vicinity Map (*required*)
- Attachment D: Conservation Restriction
- Attachment E: Information and calculations if other than a DEEP calculated elevation was used to calculate the CJL.
- Attachment F: Photographs showing existing conditions of the site (*required*)
- Attachment G: Previous site plans or surveys of existing structures to be repaired (not required but recommended), other relevant information

*(Continued on next page)*

## Part VII: Application Certification

The applicant(s) *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered insufficient unless *all* required signatures are provided.

<p>“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the CGS, pursuant to section 53a-157b of the CGS, and in accordance with any other applicable statute.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the Commissioner of Energy and Environmental Protection without alteration of the text.”</p>	
Signature of Applicant	Date
Name of Applicant (print or type)	Title (if applicable)
Signature of Preparer (if different than above)	Date
Name of Preparer (print or type)	Title (if applicable)
<p><input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. You must include signatures of any person preparing any report or parts thereof required in this application (i.e., professional engineers, surveyors, soil scientists, consultants, etc.)</p>	

Note: Please submit this completed application form and all supporting documents to:

CENTRAL PERMIT PROCESSING UNIT  
DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127